



Medical Necessity Criteria for Non-Steroidal Anti-Inflammatory Drugs

Drug Class – Includes non-steroidal anti-inflammatory drugs (NSAIDs). Agents in the class include diclofenac potassium, diclofenac sodium, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, meloxicam, nabumetone, naproxen, naproxen sodium, oxaprozin, piroxicam, sulindac, tolmetin, naproxen/esomeprazole (Vimovo), diclofenac/misoprostol (Arthrotec), celecoxib (Celebrex), diclofenac potassium liquid-filled capsules (Zipsor), diclofenac potassium powder packets (Cambia), naproxen sodium ER (Naprelan CR), mefenamic acid (Ponstel), ibuprofen/famotidine (Duexis), and ketorolac nasal spray (Sprix).

Background – After evaluating the relative clinical and cost effectiveness of these agents, the DoD P&T Committee recommended that the following medications be designated as non-formulary under the Uniform Formulary. This recommendation has been approved by the Director, TMA.

- Mefenamic acid (Ponstel)
- Naproxen sodium ER (Naprelan CR)
- Diclofenac potassium liquid-filled capsules (Zipsor)
- Diclofenac potassium powder pack (Cambia)
- Ibuprofen/famotidine (Duexis)
- Ketorolac nasal spray (Sprix)

Medical Necessity Criteria for NSAIDs

The non-formulary cost share for the non-formulary NSAIDs **mefenamic acid, Naprelan CR, Zipsor, Cambia, and Duexis** may be reduced to the formulary cost share if the patient meets the following criterion:

1. Use of formulary oral NSAIDs is contraindicated (e.g., due to hypersensitivity), and treatment with the requested non-formulary NSAID is not contraindicated.

The non-formulary cost share for the non-formulary NSAID **Sprix** may be reduced to the formulary cost share if the patient meets any of the following criteria:

1. Use of formulary oral NSAIDs is contraindicated (e.g., due to hypersensitivity), and treatment with the requested non-formulary NSAID is not contraindicated.
2. The patient requires a nasal NSAID formulation and cannot take NSAIDs via any other route.

Criteria approved through the DOD P&T Committee process August 2012

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TRICARE Pharmacy Program Medical Necessity Form for Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)



5652

This form applies to the TRICARE Pharmacy Program (TPharm). The medical necessity criteria outlined on this form also apply at Military Treatment Facilities (MTFs). The form must be completed and signed by the prescriber.

- **Cambia** (diclofenac potassium powder packets), **Duexis** (ibuprofen/famotidine), (Naprelan CR (naproxen sodium ER), Ponstel (mefenamic acid), Sprix (ketorolac nasal spray), and Zipsor (diclofenac potassium liquid-filled capsules) are non-formulary. All other commercially-available oral non-steroidal anti-inflammatory drugs (NSAIDs) are formulary. **Cambia, Duexis, Naprelan CR, Ponstel, Sprix, and Zipsor are non-formulary, but available to most beneficiaries at the non-formulary cost share.**
- You do NOT need to complete this form in order for non-Active duty beneficiaries (spouses, dependents, and retirees) to obtain non-formulary products at the non-formulary cost share. The purpose of this form is to provide information that will be used to determine if the use of a non-formulary product is medically necessary. If a non-formulary product is determined to be medically necessary, non-Active duty beneficiaries may obtain it at the formulary cost share.
- Active duty service members may not fill prescriptions for a non-formulary product unless it is determined to be medically necessary. There is no cost share for active duty service members at any DoD pharmacy point of service.

MAIL ORDER and RETAIL	<ul style="list-style-type: none">• The provider may call: 1-866-684-4488 or the completed form may be faxed to: 1-866-684-4477• The patient may attach the completed form to the prescription and mail it to: Express Scripts, P.O. Box 52150, Phoenix, AZ 85072-9954 or email the form only to: TPharmPA@express-scripts.com	MTF	<ul style="list-style-type: none">• Non-formulary medications are available at MTFs only if both of the following are met:<ul style="list-style-type: none">▪ The prescription is written by a military provider or, at the discretion of the MTF, a civilian provider to whom the patient was referred by the MTF.▪ The non-formulary medication is determined to be medically necessary.• Please contact your local MTF for more information. There are no cost shares at MTFs.

Step 1 Please complete patient and physician information (please print):

1	Patient Name: _____	Physician Name: _____
	Address: _____	Address: _____
	_____	_____
	Sponsor ID # _____	Phone #: _____
	Date of Birth: _____	Secure Fax #: _____

Step 2 Please explain why the patient cannot use the formulary medications. Circle a reason code if applicable. You MUST supply a specific written clinical explanation as to why all of the formulary medications would be unacceptable.

Formulary Medications		Reason	Clinical Explanation
Diclofenac potassium	Nabumetone	1 2	
Diclofenac sodium	Naproxen		
Etodolac	Naproxen sodium		
Fenoprofen	Oxaprozin		
Flurbiprofen	Piroxicam		
Ibuprofen	Sulindac		
Indomethacin	Tolmetin		
Ketoprofen	Naproxen-esomeprazole (Vimovo)		
Ketorolac	Diclofenac-misoprostol (Arthrotec)		
Meclofenamate	Celecoxib (Celebrex)		
Meloxicam			

Acceptable clinical reason for not using the formulary medications:

1. Use of the formulary medications are contraindicated.
2. **For Sprix request only (provide clinical explanation above)** - the patient requires a nasal NSAID formulation and cannot take NSAIDs via any other route

Step 3 I certify the above is correct and accurate to the best of my knowledge. Please sign and date:

3

Prescriber Signature

Date